

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
				FROM:	TO:
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)					
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Last Name/Organization Name					
Address				Date of In-Kind Contribution	
City		State	Zip Code	Aggregate this Election	
Occupation		Employer			
Description of In-Kind Contribution					
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Last Name/Organization Name					
Address				Date of In-Kind Contribution	
City		State	Zip Code	Aggregate this Election	
Occupation		Employer			
Description of In-Kind Contribution					
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Last Name/Organization Name					
Address				Date of In-Kind Contribution	
City		State	Zip Code	Aggregate this Election	
Occupation		Employer			
Description of In-Kind Contribution					
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Last Name/Organization Name					
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City		State	Zip Code	Aggregate this Election	
Occupation		Employer			
Description of In-Kind Contribution					
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Last Name/Organization Name					
Address				Date of In-Kind Contribution	
City		State	Zip Code	Aggregate this Election	
Occupation		Employer			
Description of In-Kind Contribution					
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					
(Carry forward to item 3. of next page if additional pages of this form are used.)					
(If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)					

